PRINTED: 02/11/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING DDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED 02/09/2022	
		MHL001-106				
NAME OF F					02/	
	MES, INCRICHMON	511 RICI	HMOND AVENU			
- & J HU	WES, INCRICHMON	BURLIN	GTON, NC 272	217		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual survey v 2022. A deficiency	vas completed on February 9, was cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disabilities.				
	The survey sample current clients.	e consisted of audits of 2				
V 736	27G .0303(c) Facili	ity and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive	/			
	Based on observat failed to ensure fac	et as evidenced by: ion and interview, the facility sility grounds were maintained d attractive manner. The				
	area revealed: -Countertop near th	9/22 at 12:00 pm of the Kitcher ne sink was chipped in a	1			
		nished patched-up work on the door underneath the towel	e			
	Observation on 2/9 room revealed:	0/22 at 12:05 pm of Client #1's				

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Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-106	B. WING		02/	09/2022
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
& J HO	MES, INCRICHMON		HMOND AVENU GTON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From page 1		V 736			
	-There was a hole about the size of a baseball on the wall behind the dresser.		ו			
	Observation on 2/9/22 at 12:08 pm of Client #2's bedroom revealed: -Wood frame from entrance door was broken and out of location. -There was a strong urine smell. -Entrance door had a crack by the door handle. -Closet door next to the window had a large crack on the front.		d			
	room revealed:	//22 at 12:13 pm of the Living ble of unfinished repaired patc hind the big couch.	h			
	-Facility was respon- Client #2 had a tenstrongly. They had area. He had impro- They were aware a work had not been painted over. -They would have readed repairs. -They acknowledge	that some of the patched-up finished and needed to be maintenance staff complete ed the facility failed to ensure re maintained in a clean, safe				
	ealth Service Regulation					

5S8R11